

PTO/SB/01 (10-01)
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Attorney Docket Number		180009.91206A		
First Named Inventor		Stieber		
COMPLETE IF KNOWN				
Application Number				
Filing Date	Dece	ember 4, 2001		
Group Art Unit				
harge 16 (e)) Examiner Name				
	First Named Invento COMPL Application Number Filing Date Group Art Unit	First Named Inventor COMPLETE IF Application Number Filing Date Dece Group Art Unit		

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	As a below named inventor, I hereby declare that:							
	My residence, mailing address, an	My residence, mailing address, and citizenship are as stated below next to my name.						
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	WIRELESS NETWORKED CASH MANAGEMENT SYSTEM							
₩. 8 1		(Title of t	ho Invention					
mil.	the specification of which	(Title of the Invention) the specification of which						
}. #(‡	is attached hereto							
4.	OR							
2:4 2:5 2:5	was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
STATE OF THE STATE	Application Number and was amended on (MM/DD/YYYY) (if app				(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims amended by any amendment specifically referred to above.						ims, as		
+	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s). or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached?		
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 3]

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Utility or Design Patent Application Customer Number 26710 Direct all correspondence to: OR Correspondence address below or Bar Code Label Name Address **Address** City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR : Given Name Stieber **Family Name** Jon R. (first and middle (if any)) or Surname inventor's Signature Date USA Oconomowoc WI USA Residence: City State 969 Bartlett Drive Mailing Address **Mailing Address** City Oconomowoc USA WI 53066 Country ☐ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Given Name Thomas P. Family Name Adams (first and middle [if any]) or Surname Inventor's Signature **Date** Country USA USA Oconomowoc Residence: City Citizenship 2080 N. Oakwoods Court **Mailing Address Mailing Address** USA ZIP 53066 Oconomowoc WI State Country Additional inventors are being named on the ____supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					his unsigned inventor			
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City Watertown	State WI		ZIP 53098	Counti	try USA			
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Given Name (first and middle [if any]	<u>)</u>		Family Na	me or S	umame			
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Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature					Date			
Residence: City	State	Country			Citizenship			
Mailing Address								
Mailing Address								
City	State	ZIP		Cc	suntry			

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